

Division of Emergency Medical Services REGISTRATION FORM FOR EMT-CARDIAC WRITTEN EXAMINATION

PLEASE PRINT				
Date of Examination:				
Examination Site:	RI Department of Health - Cannon Building Auditorium - Lower Level 3 Capitol Hill Providence, RI 02908			
Examination Time:	9:00 A.M.			
Registration Deadline:	All materials and payment (if applicable) must be received one week prior to exam.			
Name:				
	(Last)	(First)	(Middle)	
Mailing Address:				
City/State:		Zip Code:		
Dept./Service Affiliation:		Home Phone:		
			filiation may be listed. Registration a are unaffiliated, please write "None"	
Please return the following	, to be rec	eived by the Division of EMS by the	deadline date:	
	□ Regis	stration Form		
	□ Initia	I written examination fee (\$90.00) if	applicable; or	
	□ Rete	st written examination fee (\$60.00) i	fapplicable	
		(Fees must be submitted in the form of a cashier's check or money order made payable to the General Treasurer, State of R.I Personal checks cannot be accepted		
		(2) copies of a signed, current Healt and back sides.	hcare Provider level CPR card, both	
	□ Сору	of a RIDOH approved EMT-C Refre	esher certificate (if applicable)	

Failure to complete this registration and submit copies of a current Healthcare Provider level CPR card and fees (if applicable) by the deadline date above will result in a denial of admission to the examination site. Registration is limited to this allocated time only and will be on a first come-first served basis. Examination session will be closed when enrollment levels are reached.

Note: Please bring a picture identification card to the examination. **Fees are non-refundable and non-transferable.** Mail registration materials and payment (if applicable) to:

RI Department of Health - EMS 3 Capitol Hill Providence, RI 02908

To confirm our receipt of your registration for the examination, please call the Division of EMS prior to the deadline date at (401) 222-2401.